

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1939	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/11/2016
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NAME OF PROVIDER OR SUPPLIER CREEKSIDE HEALTH AND REHABILITATION C	STREET ADDRESS, CITY, STATE, ZIP CODE 306 W DUE WEST AVE MADISON, TN 37115
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N 000	Initial Comments Complaint investigation #39200 and #39313 were completed on 8/10/16 to 8/11/16, at Creekside Health and Rehabilitation Center. No deficiencies were cited under 1200-8-6, Standards for Nursing Homes.	N 000	<p>2. (a) A 100% audit was conducted of resident's activity of daily living care plans for bed mobility on 8/11 – 8/12/16 by the Regional Director of Clinical Services. Updates needed to the patient plan of care in the electronic medical record for bed mobility assistance were made by the MDS Coordinators by 8/12/16. This information was also updated on the care guide the certified nursing staff use to determine the level of assistance needed for bed mobility.</p> <p>(b.) Additionally, a 100% audit was performed again on 9/15/16 to ensure the level of assistance for bed mobility met the needs of the resident with adjustments made by the MDS Coordinator if need changes were identified.</p> <p>3.(a) An In-service was initiated by the Staff Development Coordinator for 100% of all licensed nurses and certified nursing assistants beginning 8/12/16 with a completion date of 8/30/16. This in-service included, expectations of nurses and certified nursing assistants to review and follow resident care plan/care guides prior to providing care.</p> <p>(b) Additional education for Activities of Daily Living/Bed Mobility was added to our orientation process on 8/12/16 for all newly hired certified nursing assistants and licensed nursing staff.</p>	

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			<p>Supplemental Page 1 of 4 Creekside Health and Rehabilitation 2567 9/19/16 Compliance Date F520 Continued from page 1 of 1</p> <p>(c) Emergency Quality Assurance Performance Improvement Committee meeting was held 8/30/16 to discuss procedural changes to address the level of assistance needed for Activities of Daily Living. Topics Included fall management program and prevention, circumstances of the complaint survey tag, certified nursing assistant care guide accuracy, and accessibility of level of assistance information for the care giver staff. Resident Care Guides were placed in a binder at the nurses stations. This information is already accessible to the certified nursing assistants on the care guide in the Electronic Medical Record.</p> <p>(d) New Bed Mobility Communication Sheets were placed inside each resident personal closet door, which reflects level of assistance required for bed mobility by the MDS Coordinator by 9/15/16. The level of assistance needed is also listed in the care guide on the computer and in notebooks at the nursing station. Updates needed for the level of assistance required for Bed Mobility will be covered in the morning clinical meeting with the Director of Nursing, MDS Coordinator, and Unit Managers. The Bed Mobility Communication Sheet in the patient room will be updated by the MDS Coordinator or designee upon determining a change is necessary.</p>	

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			<p>(e) 100% of licensed and certified employees were educated on the Bed Mobility Communication Sheets and location of the sheets from 9/15/16 through 9/19/16 by the Administrator, Director of Nursing, and Staff Development Coordinator.</p> <p>(f) Quality Assurance Performance Improvement Committee met on 9/2/16 to review results of the bed mobility audits to ensure the level of assistance recorded matched the residents' current status and provide accurate information for the certified nursing staff to review.</p> <p>(g) The MDS Coordinators or designee will be responsible for ensuring all new admissions are properly assessed and Bed Mobility Communication Sheets are placed in the resident closet door.</p> <p>(h) Quality Assurance Performance Improvement Committee met on 9/15/16 and reviewed the new Bed Mobility Communication Sheet which was placed inside each residents' closet door indicating the level of assistance required for bed mobility. During rounds, the Regional Administrator randomly asked several certified nursing assistants for their feed-back on the Bed Mobility Communication Sheets and all responses were favorable.</p> <p>(i). The Director of Nursing or Designee will observe a minimum five certified nursing assistants at bedside per week for four weeks then twenty per month for two months or until substantial compliance is maintained for proper bed</p>	

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Maureen McElroy Administrator

9/27/16

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			<p>mobility level of assistance. This level of assistance will be in accordance with the resident Care Plan, Care Guide, and Bed Mobility Communication Sheet. Certified nursing assistants will demonstrate where to find the level of assistance needed for bed mobility prior to providing care.</p> <p>((j))Staff that are noted/observed to deviate from the level of assistance needed for Activities of Daily Living, will be immediately re-educated on care guide compliance by the Director of Nursing or designee. The Director of Nursing will review incidents in the morning clinical meeting to identify any areas needed for improvement.</p> <p>4. (a) The Director of Nursing/Designee will report audit findings to the Quality Assurance Performance Improvement Committee in the bi-monthly meeting for three months. The Quality Assurance Performance Improvement Committee will review the systematic changes made to ensure compliance with Bed Mobility level of assistance bi-monthly for three months.</p> <p>Some of the Systemic/structural enhancements are:</p> <p>Bed Mobility Communication sheet in the resident's closet door, Computer on wheels available for the certified nursing assistants to use and enhances point of care delivery, Routine and on-going education regarding care guide compliance and the fall management program, Hard copies of the resident's care guide is placed in a binder at the nurses station for easy access.</p>	

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Deanna L. Leland Administrator

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			<p>Any findings with the opportunities for improvement will be analyzed using the fish bone diagram or five why's process to determine the root cause. Once the root cause has been defined, then a more appropriate intervention will be implemented to ensure compliance.</p> <p>(b) The Quality Assurance Performance Improvement Committee, meets at least monthly and at a minimum, includes the Medical Director, Director of Nursing, Administrator, MDS Coordinator, Social Services, Activities Director and Maintenance. Un-scheduled Quality Assurance Performance Improvement Committee meetings will be held anytime the need is identified through open discussion and/or areas of concern. If non-compliance is identified, the Quality Assurance Performance Improvement Committee will identify the root cause for the non-compliance, develop a plan to address the non-compliance, study/monitor the plan implemented for its' effectiveness and make changes as indicated. The Committee will continue to monitor interventions for the structural enhancements and monitoring will continue bi-monthly x 3 months.</p> <p>(c). The Regional Director of Clinical Services, Company Director of Regulatory Compliance, or Regional Director of Clinical Compliance will visit the center to attend a monthly quality assurance performance improvement meeting for three months to ensure that the Plan, Do Study, Act process is being followed and remains to be effective and Improvements continue to be made.</p>	

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Ralph L. McCain TITLE
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